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# GS1 Ireland Healthcare User Group (HUG) Information Day

## FMD from an Irish hospital perspective

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# Irish Hospital sector – overview

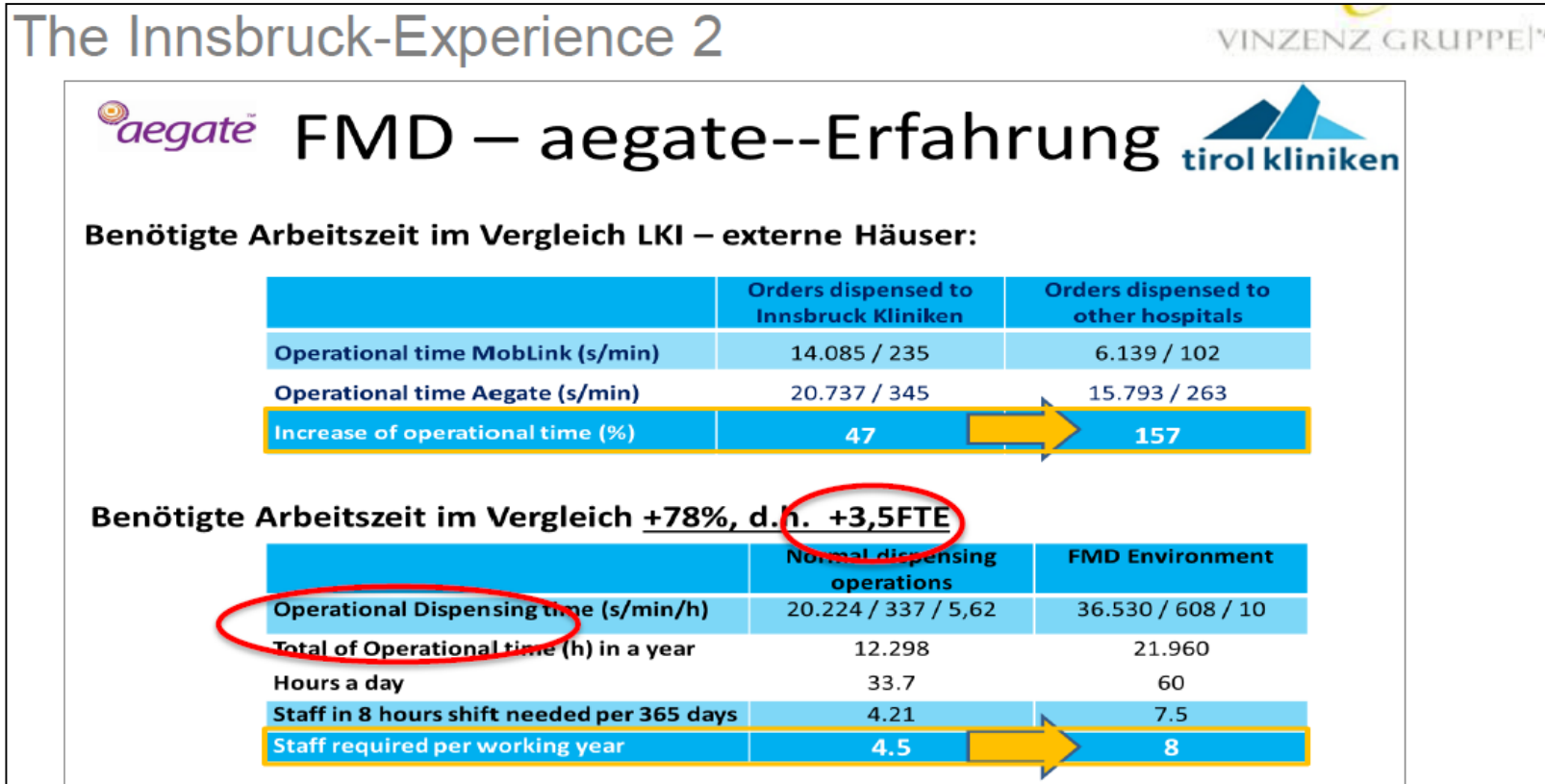
- 61 hospital pharmacies in ROI
  - HSE (48)
  - Private (13)
- Directive allows decommissioning at any time within hospital pharmacy
  - At goods inwards
  - At point of dispensing

# Irish hospital survey

- 46 surveys returned
- Most hospitals use CliniScript (Clanwilliam) for patient dispensing
- May also use other systems for logistics
- Private hospitals use various and multiple systems
- Most issue stock to clinical areas, *often in bulk*
- Approx. 50% use scanners currently
- Decommissioning at dispensing not feasible due to
  - ▣ high rate of product return and re-issue
  - ▣ high rate of use of outer packs (even pallets)
- *Necessary to decommission at good inwards*

# Austrian impact analysis

## 1. Decommissioning on dispensing



2. Decommissioning at goods inwards: 0.62 FTE per hospital - total additional labour cost is €1.2m year for public hospitals in Austria

# Which products are exempt?

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- ▣ Packs supplied by other hospitals (wholesale)
- ▣ OTCs (except blacklist)
- ▣ Products supplied directly by MAHs
- ▣ Products from outside EU
- ▣ Certain contrast products

# Other barriers

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- Spatial constraints – poor physical infrastructure
- Fractured ICT
- Not all medicinal products are managed by the hospital pharmacy
  - ▣ Contrast
  - ▣ Fluids
  - ▣ Theatre / interventional consumables

# Additional resources?

- All outer packs need to be unpacked, scanned and re-packed
- Additional time required is 10s per pack (Austria and Germany independent impact analyses)
- At 1.2m packs per year – 64 hours per week
- Labour cost in addition to software and hardware
- In order to reduce the impact on work processes, automation (pharmacy robot) is a requirement





# Technology as an enabler

- Robots can scan packs when inserted into the machine via a hopper
- 80-85% products can be handled by a robot
- Considerable investment (€300,000-€500,000)
  - ▣ Robot itself
  - ▣ ICT interfaces
- Promote medication safety
- Significant operational efficiencies



Robot in MMUH


# European Perspective



- European Association of Hospital Pharmacists (EAHP) have engaged with the European Commission from outset
- Concerns of EAHP not incorporated into directive
- ECORYS impact assessment calculated a once-off cost of up to €750 per hospital
- Most NMVOs have hospital pharmacists who are mandated to represent their sector
- Some NMVOs have hospital pharmacists as full members on reduced rate, others as affiliate members with no vote

# Preferred solution for Hospital Pharmacy in Europe



- EAHP keen to find a practical, acceptable solution
- Level of ICT and automation very variable in Europe
- NMVO pharmacist members agree that it should be possible to decommission a pallet / order on receipt
- An aggregate barcode can decommission a whole consignment with a single scan 
- Agreed by EAHP NMVO members that this should be a mandatory process to ensure uniformity of process

# FMD in Irish hospital pharmacy

## Are we ready?

- Existing software will need modification to incorporate decommissioning
- Workflow solutions required:
  - ▣ Incorporate scanning into existing workflows
  - ▣ Additional labour inputs to decommission products
  - ▣ Additional pharmacy facilities may be required
  - ▣ Potential to use robots in pharmacy
  - ▣ Potential for aggregate bar codes from suppliers.

Thank-you for listening